

There was no objection.

The text of the resolution is as follows:

H. RES. 1513

Resolved, That a revised edition of the Rules and Manual of the House of Representatives for the One Hundred Eleventh Congress be printed as a House document, and that three thousand additional copies shall be printed and bound for the use of the House of Representatives, of which nine hundred copies shall be bound in leather with thumb index and delivered as may be directed by the Parliamentarian of the House.

The resolution was agreed to.

A motion to reconsider was laid on the table.

AUTHORIZING CHAIRMAN AND RANKING MINORITY MEMBER OF EACH STANDING COMMITTEE AND SUBCOMMITTEE TO EXTEND REMARKS IN RECORD

Mr. FOSTER. Mr. Speaker, I ask unanimous consent that the chairman and ranking minority member of each standing committee and each subcommittee be permitted to extend their remarks in the CONGRESSIONAL RECORD, up to and including the RECORD's last publication, and to include a summary of the work of that committee or subcommittee.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

GRANTING MEMBERS OF THE HOUSE PRIVILEGE TO REVISE AND EXTEND REMARKS IN CONGRESSIONAL RECORD UNTIL LAST EDITION IS PUBLISHED

Mr. FOSTER. Mr. Speaker, I ask unanimous consent that Members may have until publication of the last edition of the CONGRESSIONAL RECORD authorized for the Second Session of the 110th Congress by the Joint Committee on Printing to revise and extend their remarks and to include brief, related extraneous material on any matter occurring before the adjournment of the Second Session sine die.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

ARTHRITIS PREVENTION, CONTROL, AND CURE ACT OF 2008

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that the Committee on Energy and Commerce be discharged from further consideration of the bill (H.R. 1283) to amend the Public Health Service Act to provide for arthritis research and public health, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

The text of the bill is as follows:

H.R. 1283

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Arthritis Prevention, Control, and Cure Act of 2007".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Arthritis and other rheumatic diseases are among the most common chronic conditions in the United States. There are more than 100 different forms of arthritis, which affect joints, the tissues which surround the joint, and other connective tissue. Two of the most common forms are osteoarthritis, which affects approximately 21,000,000 Americans, and rheumatoid arthritis.

(2) Arthritis and other rheumatic diseases cause severe and chronic pain, swollen tissue, ligament and joint destruction, deformities, permanent disability, and death. Arthritis and other rheumatic diseases erode patients' quality of life and can diminish their mental health, impose significant limitations on their daily activities, and disrupt the lives of their family members and caregivers.

(3) One out of every 5 or 46 million adults in the United States suffers from arthritis. The number of individuals in the United States with arthritis will grow as the number of older Americans continues to increase dramatically in the next few decades.

(4) By 2030, nearly 67,000,000 or 25 percent of the projected United States adult population will have arthritis, and arthritis will limit the daily activities of nearly 25,000,000 individuals. These estimates may be conservative as they do not account for the current trends in obesity, which may contribute to future cases of osteoarthritis.

(5) According to the Centers for Disease Control and Prevention, the total costs attributable to arthritis and other rheumatic conditions in the United States in 2003 was approximately \$128,000,000,000. This equaled 1.2 percent of the 2003 United States gross domestic product. \$80,800,000,000 of such costs consisted of direct costs for medical care, and \$47,000,000,000 consisted of indirect costs for lost earnings. National medical costs attributable to arthritis grew by 24 percent between 1997 and 2003. This rise in medical costs resulted from an increase in the number of people with arthritis and other rheumatic conditions.

(6) Arthritis and other rheumatic diseases affect all types of people of the United States, not just older individuals. Arthritis and other rheumatic diseases disproportionately affect women in the United States. 8,700,000 young adults ages 18 through 44 have arthritis, and millions of others are at risk for developing the disease.

(7) Nearly 300,000 children in the United States, or 3 children out of every 1,000, have some form of arthritis or other rheumatic disease. It is the sense of the Congress that the substantial morbidity associated with pediatric arthritis warrants a greater Federal investment in research to identify new and more effective treatments for these diseases.

(8) Arthritis and other rheumatic diseases are the leading cause of disability among adults in the United States. Over 40 percent, or nearly 19,000,000, adults with arthritis are limited in their activities because of their arthritis. In addition to activity limitations, 31 percent or 8,200,000 of working age adults with arthritis report being limited in work activities due to arthritis.

(9) Obese adults are up to 4 times more likely to develop knee osteoarthritis than

normal weight adults. Excess body weight is also associated with worse progression of arthritis, contributing to functional limitation, mobility problems, and disability. About 35 percent of adults with arthritis are obese compared to only 21 percent of those without arthritis.

(10) Arthritis results in 744,000 hospitalizations and 36,500,000 outpatient care visits every year.

(11) In 1975, the National Arthritis Act of 1974 (Public Law 93-640) was enacted to promote basic and clinical arthritis research, establish multipurpose arthritis centers, and expand clinical knowledge in the field of arthritis. The Act was successfully implemented, and continued funding of arthritis-related research has led to important advances in arthritis control, treatment, and prevention.

(12) Early diagnosis, treatment, and appropriate management of arthritis can control symptoms and improve quality of life. Weight control and exercise can demonstrably lower health risks from arthritis, as can other forms of patient education, training, and self-management. The genetics of arthritis are being actively investigated. New, innovative, and increasingly effective drug therapies, joint replacements, and other therapeutic options are being developed.

(13) While research has identified many effective interventions against arthritis, such interventions are broadly underutilized. That underutilization leads to unnecessary loss of life, health, and quality of life, as well as avoidable or unnecessarily high health care costs. Increasing physical activity, losing excess weight, and participating in self-management education classes have been shown to reduce pain, improve functional limitations and mental health, and reduce disability among persons with arthritis. Some self-management programs have been proven to reduce arthritis pain by 20 percent and physician visits by 40 percent. Despite this fact, less than 1 percent of the people in the United States with arthritis participate in such programs, and self-management courses are not offered in all areas of the United States.

(14) Rheumatologists are internists or pediatric sub-specialists who are uniquely qualified by an additional 2 to 4 years of training and experience in the diagnosis and treatment of rheumatic conditions. Typically, rheumatologists act as consultants, but also often act as managers, relying on the help of many skilled professionals, including nurses, physical and occupational therapists, psychologists, and social workers. Many rheumatologists conduct research to determine the cause and effective treatment of disabling and sometimes fatal rheumatic diseases.

(15) Recognizing that the Nation requires a public health approach to arthritis, the Department of Health and Human Services established important national goals related to arthritis in its Healthy People 2010 initiative. Moreover, various Federal and non-Federal stakeholders have worked cooperatively to develop a comprehensive National Arthritis Action Plan: A Public Health Strategy.

(16) Greater efforts and commitments are needed from Congress, the States, providers, and patients to achieve the goals of Healthy People 2010, implement a national public health strategy consistent with the National Arthritis Action Plan, and lessen the burden of arthritis on citizens of the United States.